

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

New York Life Insurance Company Political Action Committee

ADDRESS (number and street)

51 Madison Avenue

Room 1109

☐Check if different  
than previously  
reported. (ACC)

New York

NY

10010

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00158881

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2010

through

02

28

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Helen Stagias

Signature of Treasurer

Electronically Filed by Helen Stagias

Date

03

18

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 101

Write or Type Committee Name

New York Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2010</span>		457612.99
(b) Cash on Hand at Beginning of Reporting Period .....	396713.11	
(c) Total Receipts (from Line 19) .....	118069.06	239719.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	514782.17	697332.17
7. Total Disbursements (from Line 31) .....	116020.84	298570.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	398761.33	398761.33
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 101

Write or Type Committee Name

New York Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	2	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	49026.35	79863.67
(ii) Unitemized .....	68978.07	159724.05
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	118004.42	239587.72
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	118004.42	239587.72
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	64.64	131.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	118069.06	239719.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	118069.06	239719.18

## DETAILED SUMMARY PAGE

of Disbursements

4 / 101

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	112000.00	292500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	20.84	2070.84	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	20.84	2070.84	
29. Other Disbursements.....	4000.00	4000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	116020.84	298570.84	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116020.84	298570.84	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 101

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	118004.42	239587.72
34. Total Contribution Refunds (from Line 28(d)) .....	20.84	2070.84
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	117983.58	237516.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward VanWinkle

Mailing Address 561 Oak Meadow Drive

City

Middleville

State

MI

Zip Code

49333-8478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 5850286

Amount of Each Receipt this Period

0.00

## **[MEMO ITEM]**

Refund(s) on Schedule B  
Totaling \$20.84 This changes  
the YTD Total to \$0.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Rocco, Jr.

Mailing Address 2 Pleasure Island Road Suite 2B

City

Wakefield

State

MA

Zip Code

01880-1242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR1010374482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marc L. Schaefer

Mailing Address 10912 Lamplighter Lane

City

Potomac

State

MD

Zip Code

20854-2783

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR1016114482

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

316.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Schwartz

Mailing Address 3044 Kennington Way

City

Kokomo

State

IN

Zip Code

46902-5079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR1017504482

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sidney L. Seligstein

Mailing Address 1568 Massey Pointe Lane

City

Memphis

State

TN

Zip Code

38120-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR1018434482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Van Ewing

Mailing Address 1235 South Prairie Avenue  
Unit 2909

City

Chicago

State

IL

Zip Code

60605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.26

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR1049494482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

814.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dean H. Grant

Mailing Address 3669 Sussex Drive Northeast

City

Milledgeville

State

GA

Zip Code

31061-9382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR10584482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary T. Baumgarten

Mailing Address 230 W Reading Way

City

Winter Park

State

FL

Zip Code

32789-6052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR10844482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Curt L. Eskew, Jr.

Mailing Address 1680 Keely Lane

City

Sarasota

State

FL

Zip Code

34232-3061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR11014482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

583.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Bailey

Mailing Address 309 Redwing Lane

City

St. Augustine

State

FL

Zip Code

32080-7981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR11064482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. William F. Lyon

Mailing Address 3809 Arbor Lane

City

Cincinnati

State

OH

Zip Code

45255-5628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR11144482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark I. Burton

Mailing Address 22781 Foxridge

City

Mission Viejo

State

CA

Zip Code

92692-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR11174482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David R. Colflesh

Mailing Address 905 Olive  
PO Box 37

City State Zip Code  
Tarkio MO 64491-0037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR11184482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael A. Yashnyk

Mailing Address 83 Crestwood Boulevard

City State Zip Code  
Farmingdale NY 11735-5802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR11674482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul E. Moyer

Mailing Address 3220 Briarcliff Drive

City State Zip Code  
Findlay OH 45840-4102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR11704482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

**570.53**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Vahala

Mailing Address 500 Cedar Elm Court

City

Irving

State

TX

Zip Code

75063-8467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR12064482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kishan Patel

Mailing Address 2761 Manu Court

City

Glenview

State

IL

Zip Code

60026-1077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR12194482

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Curtis T. Schultz

Mailing Address 2204 Cherokee Circle

City

Valparaiso

State

IN

Zip Code

46383-2284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR12524482

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

866.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Amrit Mittal

Mailing Address 215 Rugeley Road

City

Western Springs

State

IL

Zip Code

60558-1954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR12794482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Bruchhauser

Mailing Address 13960 Trestle Road

City

Highland

State

IL

Zip Code

62249-4708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR12954482

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven J. Heussner

Mailing Address 201 Falling Water Drive

City

McKinney

State

TX

Zip Code

75070-8776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR13074482

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

791.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. G. Joseph Pasman, Jr.

Mailing Address 7397 Heather Ridge Court Southeast

City

Caledonia

State

MI

Zip Code

49316-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR13304482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brian T. Nowak

Mailing Address 6111 E Cobblestones Lane

City

Sylvania

State

OH

Zip Code

43560-9452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR13344482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ken Olson

Mailing Address N6591 Potter Road  
PO Box 100

City

Blk River Falls

State

WI

Zip Code

54615-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR13564482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

570.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. George N. Ridings

Mailing Address 887 West Main Street  
PO Box 1750

City State Zip Code  
Richmond KY 40476-1750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR13624482

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Nichols, III

Mailing Address 10010 Gary Road

City State Zip Code  
Potomac MD 20854-4149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR13724482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven R. Kaneshi

Mailing Address 9692 Sterling Pointe Court

City State Zip Code  
Loomis CA 95650-7120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR14124482

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

772.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd R. Wilson, Sr.

Mailing Address 3148 Pine Ridge Road

City

Birmingham

State

AL

Zip Code

35213-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR14164482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ross-Morris Sims

Mailing Address 91 Valley View Road

City

Cortlandt Manor

State

NY

Zip Code

10567-1235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR14214482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. R. Frank Avrett

Mailing Address 21637 North 78th Street

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR14234482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

557.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Patrick L. McCraw

Mailing Address 122 McDill Cove

City

Madison

State

MS

Zip Code

39110-6562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR14414482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry Coats

Mailing Address 165 Pebble Beach Drive

City

Little Rock

State

AR

Zip Code

72212-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR14564482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Mo-  
nthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tim C. Fitzgerald

Mailing Address 12086 Ellerbe Road

City

Shreveport

State

LA

Zip Code

71115-9568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR14944482

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Mo-  
nthly)

**SUBTOTAL** of Receipts This Page (optional) .....

820.52

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Maurice Springer

Mailing Address 25 Riga Court

City

Scotch Plains

State

NJ

Zip Code

07076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR15054482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John B. Stagg

Mailing Address 8816 S Lakewood Court

City

Tulsa

State

OK

Zip Code

74137-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR15074482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bryan S. Norris

Mailing Address 639 Loyola Avenue  
Suite 1900

City

New Orleans

State

LA

Zip Code

70113-3188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR15104482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

461.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher J. Prudhomme

Mailing Address 165 Emmons Canyon Lane

City State Zip Code  
 Alamo CA 94507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Zone Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 1 0

Transaction ID: PR15384482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Samuel L. Hebert

Mailing Address 3307 Henderson Bayou Road

City State Zip Code  
 Lake Charles LA 70605-2248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 1 0

Transaction ID: PR15404482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gordon D. Ellis, Jr.

Mailing Address 11410 Sugar Lane

City State Zip Code  
 Baton Rouge LA 70810-2059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 1 0

Transaction ID: PR15464482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

653.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric B. Campbell

Mailing Address 6200 Bridgepoint Parkway  
Suite 300

City State Zip Code  
Austin TX 78730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR15634482

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Noland

Mailing Address 5933 S Knoxville Avenue

City State Zip Code  
Tulsa OK 74135-7806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR15694482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fred Bangasser

Mailing Address 2108 Key West Cove

City State Zip Code  
Austin TX 78746-7256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR15794482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

730.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gib Surles

Mailing Address 434 Westminster Drive

City

Houston

State

TX

Zip Code

77024-5609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR16014482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert McKinley

Mailing Address 2121 North California Boulevard  
Suite 550

City

Walnut Creek

State

CA

Zip Code

94596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR16304482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Karen Watson

Mailing Address 3301 Riverway Court

City

Fort Worth

State

TX

Zip Code

76116-9561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR16594482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

570.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin R. Garman

Mailing Address 3025 Bellaire Ranch Drive

City

Fort Worth

State

TX

Zip Code

76109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR16734482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rodger K. Johnson

Mailing Address 910 N Houston Street

City

Bullard

State

TX

Zip Code

75757-5128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR16884482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Robinson, Jr.

Mailing Address 12131 Broken Bough Drive

City

Houston

State

TX

Zip Code

77024-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR16904482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

730.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steve Maus

Mailing Address 4821 Augusta Drive

City

Frisco

State

TX

Zip Code

75034-6841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR17024482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marcus J. Ham

Mailing Address 8713 Maple Hollow Court

City

Granite Bay

State

CA

Zip Code

95746-6158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR17084482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Mann

Mailing Address 23717 Rockrose Drive

City

Golden

State

CO

Zip Code

80401-9185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR17094482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

557.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas D. Hegna

Mailing Address 16931 E Jacklin Drive

City

Fountain Hills

State

AZ

Zip Code

85268-5446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR17164482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Karkela

Mailing Address 820 Recluse Court

City

Casper

State

WY

Zip Code

82609-3380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR17204482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Terry K. Lewis

Mailing Address 5612 Dale Avenue

City

Edina

State

MN

Zip Code

55436-2469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR17344482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

634.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Marlyn L. McClain

Mailing Address 109 S 38th Street Apt. 237

City

State

Zip Code

Council Blfs

IA

51501-3389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR17544482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory D. Jensen

Mailing Address 16850 Berkshire Court

City

State

Zip Code

Sw Ranches

FL

33331-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR17604482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Troy G. Braswell

Mailing Address 16843 Highland Ridge Drive

City

State

Zip Code

Belton

MO

64012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR17904482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

474.39

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Galen D. Dody

Mailing Address 501 David Drive

City

Clinton

State

MO

Zip Code

64735-1948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR17934482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joel P. Blanchard

Mailing Address 5608 S Deer Park Drive

City

Sioux Falls

State

SD

Zip Code

57108-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR18224482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rich Garry

Mailing Address 23384 451st Avenue

City

Madison

State

SD

Zip Code

57042-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR18294482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

570.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steve Garry

Mailing Address 2600 East Orchard Trail

City

Sioux Falls

State

SD

Zip Code

57103-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR18304482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger H. Morris

Mailing Address 2101 N Westwood Avenue

City

Santa Ana

State

CA

Zip Code

92706-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR18394482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Shane M. Swanson

Mailing Address 316 E Ranney Avenue

City

Vernon Hills

State

IL

Zip Code

60061-4132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Zone Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR18554482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

487.20

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Chip May

Mailing Address 2009 Royal Club Court

City

Arlington

State

TX

Zip Code

76017-4434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	0

Transaction ID: PR18624482

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Mo-  
nthly)**B.**

Full Name (Last, First, Middle Initial)

Mr. John R. Meyer

Mailing Address 996 Stafford Avenue

City

Staten Island

State

NY

Zip Code

10309-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	0

Transaction ID: PR1864482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin R. Johnson

Mailing Address 100 Street of Dreams

City

Village Loch Loyd

State

MO

Zip Code

64012-4179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	0

Transaction ID: PR18854482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Mo-  
nthly)

SUBTOTAL of Receipts This Page (optional) .....

553.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John J. McKenna, Jr.

Mailing Address 110 Churn Creek Drive

City

Bozeman

State

MT

Zip Code

59715-7872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR18914482

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rakesh Bansal

Mailing Address 1 Horseshoe Court

City

Monroe

State

NJ

Zip Code

08831-2368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR1894482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John P. Schwan

Mailing Address 1320 N Arch Street

City

Aberdeen

State

SD

Zip Code

57401-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR18974482

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott Alexander

Mailing Address 16252 Placerita Canyon Road

City

Santa Clarita

State

CA

Zip Code

91321-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR18984482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph L. Tigert

Mailing Address 8620 Brentmoor Street

City

Wichita

State

KS

Zip Code

67206-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR19434482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven T. Mindak

Mailing Address 9290 E Thompson Peak Pkwy. Unit 41

City

Scottsdale

State

AZ

Zip Code

85255-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR19524482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

570.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carrie L. Hall

Mailing Address 5628 E Monterosa Street

City

Phoenix

State

AZ

Zip Code

85018-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR19534482

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John F. Glass

Mailing Address 3174 E Stella Lane

City

Phoenix

State

AZ

Zip Code

85016-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR19574482

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jan Christensen

Mailing Address 2356 Bear Hills Drive

City

Draper

State

UT

Zip Code

84020-9672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR19714482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bill Wallace

Mailing Address 1248 Rose Lane

City

Lafayette

State

CA

Zip Code

94549-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR19814482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bob D. Hall

Mailing Address 2015 Evergreen Court

City

Yakima

State

WA

Zip Code

98902-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR19864482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rick G. Austin

Mailing Address 6509 Claret Court

City

Kansas City

State

MO

Zip Code

64152-6084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR19944482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen G. Bakke

Mailing Address 3865 Welsh Pony Lane

City

Yorba Linda

State

CA

Zip Code

92886-7929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR20054482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gordon D. Schuster

Mailing Address 1230 Leanne Place

City

Wenatchee

State

WA

Zip Code

98801-3253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR20204482

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. William V. Brody

Mailing Address 19 Corte Miguel

City

San Rafael

State

CA

Zip Code

94903-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR20784482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

630.78

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen C. Dill

Mailing Address 4082 Prestwick Lane

City

Palmdale

State

CA

Zip Code

93551-5381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR21024482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Louis L. Murray, Jr.

Mailing Address 71 Manthorpe Road Apt. 2

City

West Roxbury

State

MA

Zip Code

02132-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR211444482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. E. Mark Lewis

Mailing Address 1751 2nd Avenue Apt. 20F

City

New York

State

NY

Zip Code

10128-5379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR211754482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

666.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John A. Forte

Mailing Address 1 Chandler Drive

City

Ballston Lake

State

NY

Zip Code

12019-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR211924482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey M. Hudson

Mailing Address 6218 Seminary Road

City

Columbus

State

GA

Zip Code

31904-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR212424482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. Daly

Mailing Address 1426 State Route 125

City

Hamersville

State

OH

Zip Code

45130-9509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR212494482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

666.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gene Silvis

Mailing Address 9837 E 85th Street

City

Tulsa

State

OK

Zip Code

74133-4521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR213004482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry M. Fish

Mailing Address 16 Waterford Lane

City

Beachwood

State

OH

Zip Code

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR21314482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Brown

Mailing Address 8976 Northeast Patton Road

City

Hamilton

State

MO

Zip Code

64644-9166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR213414482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

570.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. E. Jay Bond

Mailing Address 6670 E Green Lake Way N

City

Seattle

State

WA

Zip Code

98103-5419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR213574482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Werner

Mailing Address 1380 King James Court

City

Oak Park

State

CA

Zip Code

91377-4738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR21364482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joe Hong

Mailing Address 317 Edgewater Drive

City

Milpitas

State

CA

Zip Code

95035-4428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR213674482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

500.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric K. Takao

Mailing Address 752 Pahumele Place

City

Kailua

State

HI

Zip Code

96734-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR213864482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bill Regan, III

Mailing Address 790 Bromfield Road

City

San Mateo

State

CA

Zip Code

94402-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR214024482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Angelo A. Haddad

Mailing Address 354 Garnsey Avenue

City

Bakersfield

State

CA

Zip Code

93309-1849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR21454482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

666.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Choi

Mailing Address 4442 Saint Clair Avenue

City

State

Zip Code

Studio City

CA

91604-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR215314482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rick K. Stivers

Mailing Address 129 Hartland Drive Unit 8A

City

State

Zip Code

Myrtle Beach

SC

29572-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR21544482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Albert J. Schiff

Mailing Address 11 Mohawk Lane

City

State

Zip Code

Greenwich

CT

06831-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR215594482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

634.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ray Triplett

Mailing Address 16171 Hillvale Avenue

City

Monte Sereno

State

CA

Zip Code

95030-4159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR21724482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Mucci

Mailing Address 87 Northgate

City

Avon

State

CT

Zip Code

06001-4077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
EVP, Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR22041264482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lee Nole

Mailing Address 7689 Tahiti Lane

City

Lake Worth

State

FL

Zip Code

33467-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR22074482

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

528.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Paulsen

Mailing Address 6280 Crooked Stick Circle

City

Stockton

State

CA

Zip Code

95219-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR22254482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kulbhusan L. Sareen

Mailing Address 405 Darrell Road

City

Hillsborough

State

CA

Zip Code

94010-6709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR22284482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gideon A. Pell

Mailing Address 61 Holbrook Drive

City

Stamford

State

CT

Zip Code

06906-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR2244482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

557.72

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Koskovich

Mailing Address 5717 Cavender Drive

City

Plano

State

TX

Zip Code

75093-5966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR22844482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jonathan R. Jaramillo

Mailing Address 11 Byram Dock Street

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR22904482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Earl S. Prolman

Mailing Address 45 Wood Street

City

Nashua

State

NH

Zip Code

03064-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR234482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

551.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jesse Maltzman

Mailing Address 2525 Dunning Drive

City

Yorktown Heights

State

NY

Zip Code

10598-3802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR24054544482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maryann Ingenito

Mailing Address 305 Edinboro Road

City

Staten Island

State

NY

Zip Code

10306-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR2524482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael G. Gallo

Mailing Address 4 Red Mill Lane

City

Darien

State

CT

Zip Code

06820-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR2584482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

628.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Solomon Goldfinger

Mailing Address 14719 70th Avenue

City

Flushing

State

NY

Zip Code

11367-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR2674482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Douglas Lathrop

Mailing Address 2311 North Utah Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Corporate Vice President

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR29430674482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael T. Barriere

Mailing Address 69 Stony Hill Path

City

Smithtown

State

NY

Zip Code

11787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR29430864482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

538.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth H. Hower

Mailing Address 123 W Houston Avenue

City

Clovis

State

CA

Zip Code

93611-3537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR3194482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Angela K. Kyle

Mailing Address 182 E 95th Street  
#24D

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR34339024482

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerard A. Rocchi

Mailing Address 789 Mountain Laurel Road

City

Fairfield

State

CT

Zip Code

06824-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR3514482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

461.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Smith

Mailing Address 39856 Morningside Drive

City

Rancho Mirage

State

CA

Zip Code

92270-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR3664482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Salvatore F. Farina

Mailing Address 3 Sunview Court

City

Glen Cove

State

NY

Zip Code

11542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR3854482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Piero V. Silvestri

Mailing Address 808 Preston Road

City

East Meadow

State

NY

Zip Code

11554-4530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR4004482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

653.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen A. Donnelly

Mailing Address 47 Southview Circle

City

Lake Grove

State

NY

Zip Code

11755-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR4104482

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bradford L. Meigs

Mailing Address 3 Harvest Lane

City

Hingham

State

MA

Zip Code

02043-4233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR444482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. James O. DeVito

Mailing Address 11 Magpie Circle

City

Walpole

State

MA

Zip Code

02081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR448644482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

603.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Amelia Scott

Mailing Address 3920 Arkwright Road  
Suite 160

City State Zip Code  
Macon GA 31210-1744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR448804482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Hodgkiss

Mailing Address 5824 Fairmount Avenue

City State Zip Code  
Downers Grove IL 60516-1411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR448914482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph J. La Pietra

Mailing Address 12601 Split Creek Court

City State Zip Code  
North Potomac MD 20878-3999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR448934482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

461.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark J. Madgett

Mailing Address 24634 Southeast 9th Place

City

Sammamish

State

WA

Zip Code

98074-3447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR448954482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry B. McKinney

Mailing Address 2601 25th Street Southeast  
Suite 350

City

Salem

State

OR

Zip Code

97302-1283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR448964482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roland Ghazal

Mailing Address 3111 Danielle Court

City

Livermore

State

CA

Zip Code

94550-6888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR448974482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

615.42

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth N. Savoie

Mailing Address 205 Worth Avenue

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR448994482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael F. Scovel

Mailing Address 6397 Shady Oaks Drive

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR449004482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert P. Mason

Mailing Address 11638 Bristol Chase Drive

City

Tampa

State

FL

Zip Code

33626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR449144482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

461.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dominick Nuzzi

Mailing Address 21 Chambry Court

City

Freehold

State

NJ

Zip Code

07728-9067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR4584482

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Frances Arricale

Mailing Address 401 Holland Lane  
#909

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR4854482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Victor R. Miranda

Mailing Address 124 Southeast Rio Casarano

City

Port St. Lucie

State

FL

Zip Code

34984-6618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR5014482

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

403.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas P. Shea

Mailing Address 20 Makanna Drive

City

Huntington

State

NY

Zip Code

11743-2935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR5274482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard Levy

Mailing Address 21 Richard Avenue

City

Sudbury

State

MA

Zip Code

01776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR5344482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert H. Petrocelli, Jr.

Mailing Address 10 Byrd Street

City

Rye

State

NY

Zip Code

10580-2407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR5374482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Mo-  
nthly)

**SUBTOTAL** of Receipts This Page (optional) .....

474.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas A. Schultz

Mailing Address 10222 O'Connell

City

Mokena

State

IL

Zip Code

60448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR540664482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Aeramy Porter

Mailing Address 8024 Greenbriar Court

City

Wichita

State

KS

Zip Code

67226-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR542824482

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael F. Barry

Mailing Address 3 Evergreen Lane

City

Walpole

State

MA

Zip Code

02081-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR547624482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

680.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Todd Purich

Mailing Address 6332 Battlevue Drive

City

Raleigh

State

NC

Zip Code

27613-7148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR547684482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey E. Thol

Mailing Address 736 High Street

City

Honesdale

State

PA

Zip Code

18431-1738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR547714482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank Scarpa

Mailing Address 5 Abbington Way

City

Morristown

State

NJ

Zip Code

07960-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR5594482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

653.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roberto Recine

Mailing Address 1402 Crestview Drive  
PO Box 512

City State Zip Code  
Gwynedd Valley PA 19437-0512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR5614482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Akshay Madan

Mailing Address 775 Oneida Trail

City State Zip Code  
Franklin Lakes NJ 07417-2216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR5654482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael F. Broderick

Mailing Address 170 Clapboardtree Street

City State Zip Code  
Westwood MA 02090-2906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR566154482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

634.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael E. Sproule

Mailing Address 16 Middle Beach Road

City

Madison

State

CT

Zip Code

06443-3053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Executive Vice President

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR5704482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David L. Mussehl

Mailing Address 48 Desert Willow

City

Irvine

State

CA

Zip Code

92606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR575224482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Cheong H. Tsang

Mailing Address 1974 Troy Avenue

City

Brooklyn

State

NY

Zip Code

11234-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Senior Partner

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR575254482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

461.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bradley J. Jensen

Mailing Address 1625 Southeast Bristol Drive

City

Waukee

State

IA

Zip Code

50263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR575544482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. William J. Terry, III

Mailing Address 43 Winchester Road

City

Arlington

State

MA

Zip Code

02474-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR575554482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David A. Odom

Mailing Address 24719 Bogey Ridge

City

San Antonio

State

TX

Zip Code

78260-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR575574482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

461.58

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin E. Boland

Mailing Address 3993 Howard Hughes Parkway  
#500

City State Zip Code  
Las Vegas NV 89169-6700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR575604482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric Cox

Mailing Address 136 Cape May Lane

City State Zip Code  
Mount Pleasant SC 29464-6500

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR575614482

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark W. Pfaff

Mailing Address 330 Stockbridge Road

City State Zip Code  
Charlotte VT 05445-9356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR5844482

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

653.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank Lusk

Mailing Address 15185 Wood Duck Trail Northwest

City

Prior Lake

State

MN

Zip Code

55372-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR586154482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bernard J. Zweig

Mailing Address 393 W End Avenue Apt. 9D

City

New York

State

NY

Zip Code

10024-6141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR6024482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jonathan T. Paone

Mailing Address 57 Van Doren Avenue

City

Chatham

State

NJ

Zip Code

07928-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR605964482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

557.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul M. Holmes

Mailing Address 3200 Beechleaf Court  
Suite 820

City State Zip Code  
Raleigh NC 27604-1063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR606414482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John P. Border

Mailing Address 12720 Crown Crest Drive

City State Zip Code  
Bakersfield CA 93311-8568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR613094482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. G. Scott Hayden

Mailing Address 166 Gerald Drive

City State Zip Code  
Danville CA 94526-3927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR613284482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

487.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald E. Lippencott

Mailing Address 10 Hawkins Avenue

City

Setauket

State

NY

Zip Code

11733-3911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR613824482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Les J. Marsh

Mailing Address PO Box 1792

City

Great Falls

State

MT

Zip Code

59403-1792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR613964482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wei-Sheng Wang

Mailing Address 9 Orchard Way

City

Warren

State

NJ

Zip Code

07059-5060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR614084482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John T. Blanks

Mailing Address 1603 Langhorne Road

City

Lynchburg

State

VA

Zip Code

24503-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR614444482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rodney S. Ferguson

Mailing Address 466 Blackwolf Run Drive

City

Wildwood

State

MO

Zip Code

63040-1571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR614464482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. William E. Mahoney, Jr.

Mailing Address 936 Intracoastal Drive Apt. 14F

City

Fort Lauderdale

State

FL

Zip Code

33304-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR6144482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

583.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brian Ruh

Mailing Address 23702 W Steinthal Road

City

Kiel

State

WI

Zip Code

53042-4994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR614854482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harvey C. Krautschun

Mailing Address PO Box 157

City

Spearfish

State

SD

Zip Code

57783-0157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR614864482

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Julia A. Warren

Mailing Address 78 Crest Drive

City

South Orange

State

NJ

Zip Code

07079-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR6334482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

820.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Diane H. Gould

Mailing Address 1102 Prospect Hill Place

City

Rockville

State

MD

Zip Code

20850-2868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR6384482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Arthur H. Seter

Mailing Address 1 Merion Drive

City

Purchase

State

NY

Zip Code

10577-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR642664482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth W. McCarthy

Mailing Address 124 College Place

City

South Orange

State

NJ

Zip Code

07079-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR642734482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

634.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Arnheiter

Mailing Address 220 N Falmouth Highway

City

North Falmouth

State

MA

Zip Code

02556-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR6454482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Gordon

Mailing Address 39 East 29th Street  
Apt. 6A

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
First Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR652034482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John P. Curry

Mailing Address 905 Foxhollow Run

City

Alpharetta

State

GA

Zip Code

30004-0959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR654354482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

634.64

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brian R. Lescinkas

Mailing Address 9737 E Mount Pleasant Drive

City

Tucson

State

AZ

Zip Code

85749-9357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR654484482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Curry

Mailing Address 75 Upland Road

City

New Milford

State

CT

Zip Code

06776-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR654654482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony R. Malloy

Mailing Address 329 Beechwood Road

City

Ridgewood

State

NJ

Zip Code

07450-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR6584482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

538.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sheila K. Davidson

Mailing Address 45 East Ninth Street  
Apt. 6/7

City State Zip Code  
New York NY 10003-6307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR6594482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nathan W. Fincher

Mailing Address 206 Casting Street Southeast

City State Zip Code  
Albany OR 97322-7347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Development Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR660264482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan A. Thrope

Mailing Address 56 Random Farms Drive

City State Zip Code  
Chappaqua NY 10514-1015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR670734482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

538.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John T. Baier

Mailing Address 12 Skytop Drive

City

Denville

State

NJ

Zip Code

07834-9542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR6924482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Izhak Asher

Mailing Address 29 Center Drive

City

Roslyn

State

NY

Zip Code

11576-1445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR694574482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Mo-  
nthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary Myers

Mailing Address 10825 Southwest 83rd Terrace

City

Augusta

State

KS

Zip Code

67010-8025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR695434482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Mo-  
nthly)

**SUBTOTAL** of Receipts This Page (optional) .....

653.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Peter De La Rambelje

Mailing Address 3198 W Windwalker Place

City

Tucson

State

AZ

Zip Code

85742-5300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR695584482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marc Bregman

Mailing Address 11701 E Kettleman Lane

City

Lodi

State

CA

Zip Code

95240-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR695704482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Bik Y. Tsang

Mailing Address 1974 Troy Avenue

City

Brooklyn

State

NY

Zip Code

11234-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR7004482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

666.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William F. Leisman, III

Mailing Address 4 Orchard Avenue

City

Weston

State

MA

Zip Code

02493-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR706804482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joel Steele

Mailing Address 22 Belmont Circle

City

Columbus

State

NJ

Zip Code

08022-9714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR707004482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Philbert J. Demarie, III

Mailing Address 24 Woodvine Court

City

Covington

State

LA

Zip Code

70433-4724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR707094482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Don Wilson

Mailing Address 510 Lane Street Apt. 903

City

Anchorage

State

AK

Zip Code

99501-1961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR707204482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald F. Walker

Mailing Address 1575 Fairway Drive

City

Los Altos

State

CA

Zip Code

94024-5342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR712624482

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bill Van Winkle

Mailing Address 41 Breezy Point Road

City

Little Silver

State

NJ

Zip Code

07739-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR7174482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. George R. Shadie

Mailing Address Sand Springs  
57 Teaberry Drive

City State Zip Code  
Drums PA 18222-2051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR7244482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Varsa

Mailing Address 19 Alba Road

City State Zip Code  
Wellesley MA 02481-4802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR725184482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Raouf Salib

Mailing Address 1221 Mill Creek Road

City State Zip Code  
Flint MI 48532-2348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR725294482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

583.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher O. Blunt

Mailing Address 9 Yarmouth Road

City

Rowayton

State

CT

Zip Code

06853-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR729574482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Randy K. Cox

Mailing Address 541 Oak Grove Road

City

Chesapeake

State

VA

Zip Code

23320-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR734624482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory T. Yezpe

Mailing Address 6 Calle Vallecitos

City

Tijeras

State

NM

Zip Code

87059-7870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR734674482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

538.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin L. Baumberger

Mailing Address 11715 N 178th Circle

City

Bennington

State

NE

Zip Code

68007-5742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR734704482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott L. Berlin

Mailing Address 22 Jerome Road

City

Syosset

State

NY

Zip Code

11791-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.50

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR734714482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter J. McAvinn

Mailing Address 49 Fiske Road

City

Wellesley

State

MA

Zip Code

02481-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR744482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

615.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John M. Angiulli

Mailing Address 1059 Old Orchard Drive

City

Gibsonia

State

PA

Zip Code

15044-6081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR7484482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Tema L. Steele

Mailing Address 104 Van Buren Road

City

Voorhees

State

NJ

Zip Code

08043-2354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR7644482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael T. Piotrowicz

Mailing Address 504 Anthony Drive

City

Plymouth Meeting

State

PA

Zip Code

19462-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR7774482

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

916.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Auteri

Mailing Address 2515 Garrett Road

City

Drexel Hill

State

PA

Zip Code

19026-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR7974482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Rocco

Mailing Address 16 Midland Road

City

Lynnfield

State

MA

Zip Code

01940-1265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR804482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David A. Herlicka

Mailing Address 12 Knoll Crest Drive

City

Bedford

State

NH

Zip Code

03110-6041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR849234482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

666.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brian Winter

Mailing Address 1513 Oxford Road

City

Wantagh

State

NY

Zip Code

11793-2445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR853274482

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Greg Wong

Mailing Address 8318 State Route 302 Northwest

City

Gig Harbor

State

WA

Zip Code

98329-8666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR853324482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul T. Pasteris

Mailing Address 534 Farm Road

City

Fayston

State

VT

Zip Code

05673-7258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR853514482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

470.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joel M. Steinberg

Mailing Address 44 Spruce Street

City

Princeton Junction

State

NJ

Zip Code

08550-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR8554482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Walsh

Mailing Address 150 Vista Grande

City

Greenbrae

State

CA

Zip Code

94904-1135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR864482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Mo-  
nthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tony H. Elavia

Mailing Address 12 Windsor Court

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR875824482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

474.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roy Stachnik

Mailing Address 326 Main Street Suite 230

City

Grand Junction

State

CO

Zip Code

81501-2476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR880604482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Mo-  
nthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jason Apolenis

Mailing Address 12810 Navigators Lane

City

Gaithersburg

State

MD

Zip Code

20878-6115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR880634482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Mo-  
nthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard C. Schwartz

Mailing Address 744 High Woods Drive

City

Franklin Lakes

State

NJ

Zip Code

07417-2272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR880654482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

570.53

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Robin M. Wahby

Mailing Address 385 Royal Tern Rd. S

City

Ponte Vedra

State

FL

Zip Code

32082-6209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	0

Transaction ID: PR8884482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Dustin Aiguier

Mailing Address PO Box 194

City

South Yarmouth

State

MA

Zip Code

02664-0194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	0

Transaction ID: PR890724482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Mo-  
nthly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Karen Stawicki

Mailing Address 14976 Venado Drive

City

Rncho Murieta

State

CA

Zip Code

95683-9323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	0

Transaction ID: PR8944482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Mo-  
nthly)

SUBTOTAL of Receipts This Page (optional) .....

570.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher Battersby

Mailing Address 51 Mitchell Road

City

Holliston

State

MA

Zip Code

01746-2469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR897664482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Toby Bishop

Mailing Address 117 50th Avenue E

City

West Fargo

State

ND

Zip Code

58078-8247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR900654482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jesse Bond

Mailing Address 603 Northwest 127th Street

City

Seattle

State

WA

Zip Code

98177-4238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR902184482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

570.53

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rob Ostberg

Mailing Address 48 Greenleaf Drive

City

Northampton

State

MA

Zip Code

01062-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR904482

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bill Weimer

Mailing Address 7234 Hanover Grove Lane

City

Mechanicsville

State

VA

Zip Code

23111-5633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR9064482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dan Carson

Mailing Address 689 Forrest Haven Court

City

Greenville

State

SC

Zip Code

29609-6522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR910314482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gordon E. Parker, Jr.

Mailing Address 422 Discovery Road

City

Virginia Beach

State

VA

Zip Code

23451-2157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR9184482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael T. Damon

Mailing Address 9 Little Tree Road

City

Medway

State

MA

Zip Code

02053-6131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR921144482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. A. David Erland

Mailing Address 23813 Northeast 27th Street

City

Sammamish

State

WA

Zip Code

98074-5485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR930194482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

570.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Theodore A. Mathas

Mailing Address 14 Cole Drive

City

Armonk

State

NY

Zip Code

10504-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR9324482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Cindi R. Fox

Mailing Address 1114 Sunset Drive

City

Kimberly

State

WI

Zip Code

54136-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR934874482

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joshua Q. Gardner

Mailing Address 2533 Silver Spur Trail

City

Billings

State

MT

Zip Code

59105-3764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR937554482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

615.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Wendy C. Katanick

Mailing Address 3993 27th Avenue N

City

St. Petersburg

State

FL

Zip Code

33713-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR960604482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Adkins, Jr.

Mailing Address 10200 Wendover Drive

City

Vienna

State

VA

Zip Code

22181-2960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR9654482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jason Leonard

Mailing Address 84 Minton Lane

City

West Barnstable

State

MA

Zip Code

02668-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR970484482

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

647.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thad Lincoln

Mailing Address 211 Surrey Court

City

Smithville

State

MO

Zip Code

64089-8373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR972294482

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carlos H. Lowenberg

Mailing Address 815A Brazos Street # 390

City

Austin

State

TX

Zip Code

78701-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR974384482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dan Kunhardt

Mailing Address 11 Madison Circle

City

Greenfield

State

MA

Zip Code

01301-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR974482

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

566.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott P. MacDonald

Mailing Address 18 Crosswoods Path

City

Walpole

State

MA

Zip Code

02081-2351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance  
Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR975434482

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Mo-  
nthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

49026.35

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 101

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

New PAC

Mailing Address P.O. Box 7480

City  
Visalia

State  
CA

Zip Code  
93290

Purpose of Disbursement  
Contribution

Candidate Name  
New PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 5768339

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

New York State Democratic Committee - Federal Account

Mailing Address 461 Park Avenue South - 10th Floor

City  
New York

State  
NY

Zip Code  
10016

Purpose of Disbursement  
Contribution

Candidate Name  
New York State Democratic Committee - Federal Account

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 5768340

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730  
C/O C. Bruce Lawrence

City  
Honeoye

State  
NY

Zip Code  
14471

Purpose of Disbursement  
Contribution

Candidate Name  
Louise M. Slaughter

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 28

**Transaction ID:** 5768341

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 101

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Prairieland PAC

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5768344

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Hawkeye PAC

Mailing Address P.O. Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Contribution

Candidate Name  
Hawkeye PAC

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5768345

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Hodes For Senate

Mailing Address 379 Elm Street

City Manchester State NH Zip Code 03101

Purpose of Disbursement  
Contribution

Candidate Name  
Paul W. Hodes

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NH District:

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5768346

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

3000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

13000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 101

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Anna Eshoo For Congress	<b>Transaction ID:</b> 5768519 <b>Date of Disbursement</b>
Mailing Address 555 Capitol Mall Suite 1425	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period <div>2500.00</div>
Purpose of Disbursement Contribution Candidate Name Anna Eshoo	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Anna Eshoo For Congress	<b>Transaction ID:</b> 5768520 <b>Date of Disbursement</b>
Mailing Address 555 Capitol Mall Suite 1425	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period <div>2500.00</div>
Purpose of Disbursement Contribution Candidate Name Anna Eshoo	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Higgins For Congress	<b>Transaction ID:</b> 5768522 <b>Date of Disbursement</b>
Mailing Address PO Box 28	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 1 0</div> </div>
City Buffalo State NY Zip Code 14220	Amount of Each Disbursement this Period <div>1500.00</div>
Purpose of Disbursement Contribution Candidate Name Brian Higgins	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

**6500.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Higgins For Congress

Mailing Address PO Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement  
ContributionCandidate Name  
Brian Higgins011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 27

Transaction ID: 5768523

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Lewis for Congress

Mailing Address P.O. Box 2323  
Suite 5300

City Atlanta State GA Zip Code 30301

Purpose of Disbursement  
ContributionCandidate Name  
John R. Lewis011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: 5768524

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kosmas For Congress

Mailing Address PO Box 1547

City New Smyrna Beach State FL Zip Code 32170

Purpose of Disbursement  
ContributionCandidate Name  
Suzanne Kosmas011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: 5770220

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Connolly For Congress	<b>Transaction ID:</b> 5770221 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 563	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	5		2	0	1	0												
City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Gerry Connolly	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Freedom Project, The	<b>Transaction ID:</b> 5770223 <b>Date of Disbursement</b>																				
Mailing Address 631-B Pennsylvania Avenue SE Basement Unit	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	5		2	0	1	0												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Freedom Project, The	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc	<b>Transaction ID:</b> 5770225 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 13026 Suite 180	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	1	0												
City Austin State TX Zip Code 78711	Amount of Each Disbursement this Period																				
Purpose of Disbursement Check Voided	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name John Cornyn	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Check Voided																					

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Texans For Senator John Cornyn Inc

Mailing Address P.O. Box 13026  
Suite 180

City Austin State TX Zip Code 78711

Purpose of Disbursement  
Contribution

Candidate Name  
John Cornyn

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Transaction ID: 5770227

Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement  
Contribution

Candidate Name  
Elijah E. Cummings

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 07

Transaction ID: 5787680

Date of Disbursement

02 / 19 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Brady For Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement  
Contribution

Candidate Name  
Kevin Brady

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Transaction ID: 5787689

Date of Disbursement

02 / 19 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Walden For Congress

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031

Purpose of Disbursement  
Contribution

Candidate Name  
Gregory P. Walden

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 02

Transaction ID: 5787691

Date of Disbursement

02 / 19 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Roskam For Congress Committee

Mailing Address P. O. Box 713

City  
Wheaton

State  
IL

Zip Code  
60187

Purpose of Disbursement  
Contribution

Candidate Name  
Peter Roskam

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: 5787692

Date of Disbursement

02 / 19 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Chris Lee For Congress

Mailing Address PO Box 15395

City  
Rochester

State  
NY

Zip Code  
14615

Purpose of Disbursement  
Contribution

Candidate Name  
Christopher J. Lee

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 5787694

Date of Disbursement

02 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shelby For U S Senate

Mailing Address Post Office Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement  
ContributionCandidate Name  
Richard C. Shelby011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District:

Transaction ID: 5787921

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

3500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement  
ContributionCandidate Name  
Gwendolynne Moore011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 04

Transaction ID: 5787922

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Dave Camp for Congress 2010

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
ContributionCandidate Name  
David Lee Camp011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 5787923

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rangel For Congress

Mailing Address PO Box 5577  
Manhattanville Station

City New York State NY Zip Code 10027

Purpose of Disbursement  
ContributionCandidate Name  
Charles B. RangelOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 15

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼**Transaction ID:** 5787924

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	0

Amount of Each Disbursement this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Bob Corker For Senate 2012

Mailing Address PO Box 848

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement  
ContributionCandidate Name  
Robert P. Corker, Jr.Office Sought: ☐ House  
☒ Senate  
☐ President

State: TN District:

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼**Transaction ID:** 5787926

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jim Himes For Congress

Mailing Address 857 Post Road #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement  
ContributionCandidate Name  
Jim HimesOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CT District: 04

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼**Transaction ID:** 5787928

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Crowley For Congress

Mailing Address 84-56 Grand Avenue

City State Zip Code  
Elmhurst NY 11373Purpose of Disbursement  
ContributionCandidate Name  
Joseph Crowley011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: 5787929

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

McConnell Senate Committee '14

Mailing Address P.O. Box 1496

City State Zip Code  
Louisville KY 40201Purpose of Disbursement  
ContributionCandidate Name  
Mitch McConnell011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: 5812537

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

McCaul For Congress, Inc

Mailing Address 815-A Brazos Street  
PMB 230City State Zip Code  
Austin TX 78701Purpose of Disbursement  
ContributionCandidate Name  
Michael McCaul011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: 5812539

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 1 0

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

TOTAL This Period (last page this line number only) ▶



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ruben Hinojosa For Congress

Mailing Address 502 North 11th Street

City Mcallen State TX Zip Code 78501

Purpose of Disbursement  
Contribution

Candidate Name  
Ruben E. Hinojosa

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 15

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5812542

Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Opportunity and Renewal PAC

Mailing Address P.O. Box 3462

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5812552

Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

We The People PAC

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5812556

Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 101

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Erik Paulsen	<b>Transaction ID:</b> 5812560 <b>Date of Disbursement</b>
Mailing Address P.O. Box 44369 250 Prairie Center Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 1 0</div> </div>
City State Zip Code Eden Prairie MN 55344	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Erik P. Paulsen	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Moore For Congress	<b>Transaction ID:</b> 5812561 <b>Date of Disbursement</b>
Mailing Address PO Box 16646	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 1 0</div> </div>
City State Zip Code Milwaukee WI 53216	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1500.00</div>
Candidate Name Gwendolynne Moore	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson	<b>Transaction ID:</b> 5812563 <b>Date of Disbursement</b>
Mailing Address P.O. Box 160	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 1 0</div> </div>
City State Zip Code Bellaire OH 43906	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Charles A. Wilson	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 101

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Guthrie For Congress	<b>Transaction ID:</b> 5812566 <b>Date of Disbursement</b>
Mailing Address PO Box 9639	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 1 0</div> </div>
City Bowling Green State KY Zip Code 42102 Purpose of Disbursement Contribution Candidate Name S. Brett Guthrie	Amount of Each Disbursement this Period <div>3000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type  Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Committee for the Preservation of Capitalism (CPC), The	<b>Transaction ID:</b> 5812793 <b>Date of Disbursement</b>
Mailing Address P.O. Box 65314	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20036 Purpose of Disbursement Contribution Candidate Name Committee for the Preservation of Capitalism (CPC), The	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type  Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Nevada State Democratic Party - Federal Account	<b>Transaction ID:</b> 5814876 <b>Date of Disbursement</b>
Mailing Address 409 Horn Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 1 0</div> </div>
City Las Vegas State NV Zip Code 89107 Purpose of Disbursement Contribution Candidate Name Nevada State Democratic Party - Federal Account	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type  Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

**13000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jim Himes For Congress

Mailing Address 857 Post Road #312

City  
Fairfield

State  
CT

Zip Code  
06824

Purpose of Disbursement  
Contribution

Candidate Name  
Jim Himes

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 04

**Transaction ID: 5814878**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Defend America PAC

Mailing Address PO Box 2626

City  
Tuscaloosa

State  
AL

Zip Code  
35403

Purpose of Disbursement  
Contribution

Candidate Name  
Defend America PAC

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 5814879**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

112000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Life Insurance Political Action Committee

Mailing Address 1001 Congress Avenue  
Suite 300

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Non Federal Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5812534

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2010

Amount of Each Disbursement this Period

4000.00

Non Federal Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

4000.00